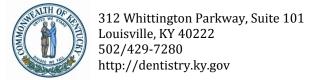
Fee	Date
Bkgrnd	NPDB
HIV/AIDS	CPR
Verifications	
License number	
Date of Issue	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION TO REINSTATE A DENTAL LICENSE

Please print in ink or type your responses. List your name as you want it to appear on your license.

Name					
Last/Suffix		Fii	Middle		
Former Name(s)			SSN		
Place of Birth		Date of Birth	mm/dd/yyyy	Gender (M/F)	
Home addressNumber & Street PO Boxes Not Acc	ceptable				
					
City	State	ZIP	KY County	Phone #	
Intended business address					
Business Name		Number & Stree	t PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
Preferred mailing address \square Home \square Busin	ess 🗌 Other	-			
Email address			Cell phone number		
Applying for Reinstatement of licensure					
Name of clinical exam	Date of e	exam	Location of	exam	
DEA Permit Number	FORMER	R KY LICENSE NU	MBER		
FORMER KY SPECIALTY NUMBER		FORMER K	Y ANESTHESIA PERMIT NUI	MBER	
Other State Licenses		-t- :			
List all states in which you have held or preser State	License #		State	License #	
Practice History Give all places of practice since graduation, lis	ting most rece		an additional sheet if neces	· ·	
Business Name		Address		Dates	

-	answer YES to any of questions 1-8 or 10, please attach a full written explanation. Has any dental license held by you had any type of disciplinary action taken against it by any														
state board or government agency? 2. Are there any disciplinary actions pending against your license by any state board or government agency? 3. Has a dental license ever been denied to you by any state? 4. Have you ever voluntarily surrendered your license while under investigation in any state?															
					5.	5. Have you been suspended, sanctioned, or restricted in any way from participating in any									
					insurance program (including Medicare or Medicaid)?										
										8. Have you ever been sued for malpractice or professional negligence?					
										9.	- / /				
	Higher Education Assistance Authority (KHEAA)?	Yes	No												
10	If yes to #9, are you in default of the repayment obligation, per KRS 164.772?	Yes	No												
belief. I being al Kentuck hereby of denti	e statements made herein are true, accurate, and complete to the best of my knowledge and certify that I have not, am not, and shall not practice, be classified, or hold myself out as ble to practice dentistry in Kentucky until authorization to do so has been granted by the ky Board of Dentistry. In the event that I am licensed by the Kentucky Board of Dentistry, I agree to adhere to and abide by all the statutes, rules, and regulations governing the practice istry in Kentucky. Stand that, under Kentucky Law, the submission of any false, fradulent, or forged statement, ent, or other matter in connection with this application is grounds for criminal prosecution														
and den	nial of licensure. I authorize the Board or its agents to obtain from other sources any ation, files, or records necessary for determining my qualifications for licensure.														
	Signature of Applicant														
Sta	ate of)														
) ss														

_____ day of _______, 20______.

My commission expires _____

Signature ______Notary Public

Return your application, non-refundable fee, and other required information to:

Kentucky Board of Dentistry 312 Whittington Parkway, Suite 101 Louisville, KY 40222